

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1057678

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL DEP.		↓		↓		↓	↓
TOTAL	↓	↓	↓	↓	↓	↓	↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		↓		↓		↓	↓
TOTAL	↓	↓	↓	↓	↓	↓	↓